

RECEIVED
FEB 22 2011

CLERK, U.S. DISTRICT
COURT

Benjamin Davis
Name
152106
Prison Number
Hudson Corr Facility
Place of confinement
3001 N. Juniper Street
Mailing address
Hudson, CO 80642
City, State, Zip
N/A
Telephone

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

Ben Davis,
(Enter full name of plaintiff in this action)

Plaintiff,

vs.

Hudson Corr Facility Medical Dept,
Health Services Administrator Tammy Anding,
PA David Gross,
RN Stevenson,
Warden Williams,

(Enter full names of defendant(s) in this action.
Do NOT use *et al.*)

Defendant(s).

Case No. 3:11-cv-00023 JWS
(To be supplied by Court)

**PRISONER'S
COMPLAINT UNDER
THE CIVIL RIGHTS ACT
42 U.S.C. § 1983**

A. Jurisdiction

Jurisdiction is invoked under 28 U.S.C. § 1343(a)(3).

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of Ben DAVIS,
(print your name)
who presently resides at 3001 N. Juniper St Hudson, CO 80642, were
(mailing address or place of confinement)
violated by the actions of the below named individual(s).

2. **Defendants** (Make a copy of this page and provide same information if you are naming more than 3 defendants):

Defendant No. 1, Hudson Corr Facility Medical Dept. is a citizen of
(name)
Colorado, and is employed as a Warden Williams.
(state) (defendant's government position/title)

☒ This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

☒ The **policy or custom** of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

Defendant No. 2, Tami Anding is a citizen of
(name)
Colorado, and is employed as Health Administrator.
(state) (defendant's government position/title)

☒ This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

☒ The **policy or custom** of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

Defendant No. 3, PA David Gross is a citizen of
(name)
Colorado, and is employed as a PA.
(state) (defendant's government position/title)

☒ This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

☒ The **policy or custom** of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

C. Causes of Action (You may attach additional pages alleging other causes of action and facts supporting them if necessary. Make copies of page 5 and rename them pages 5A, 5B, etc. and rename the claims, "Claim 4," "Claim 5, etc.").

Claim 1: On or about 2/4/11, my civil right to Medical Care
(Date) (Right to medical care, access to courts, due process,

freedom of religion, free speech, freedom of association, freedom from cruel and unusual punishment, etc. List **only one** violation.)

Supporting Facts: (Briefly describe facts you consider important to Claim 1. State what happened clearly, in your own words. DO NOT cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Claim 1.)

At 1:30 am I woke up with crushing chest pains and was sweating so heavily that ~~the~~^{my} bed and clothing were soaked, and I was vomiting all night. RN Stevenson has said that if I come to Medical complaining of chest pains that you won't go to the ER but be locked up in the infirmary. I stood by my cell door for three and half 3½ hrs before I saw a Co and told him I was sick having chest pain and the Co said go back to bed and make sick call in the morning. I had no Nitro-stat to take to get rid of the pain.

RN Stevenson refuses to send me to the ER to see a cardiologist to see if open heart surgery was required.

RN Stevenson would give me any Tylenol for nor would she give me any Nitro-stat. RN Stevenson wouldn't even do an EKG on me. I should not have had to wait 3½ hrs to be taken to medical and to be seen by a nurse who should have called the doctor or sent the inmate to the hospital emergency room to be seen by a cardiologist. The Hudson Corr Facility Medical Dept has allowed six inmates to die here because they weren't sent out to the hospital. Nor would they call an ambulance and send inmate DAVIS to

the hospital for unexplained chest pain. And RN Stevenson refused to give inmate DAVIS Nitroglycerin for pain. and RN Stevenson refused to have inmate DAVIS transported to the hospital for further treatment.

3 of 10

Prisoner § 1983
Form Effect. 2/05

Claim 2: On or about 2/4/11, my civil right to Medical Care
(Date) (Right to medical care, access to courts, due process,

freedom of religion, free speech, freedom of association, freedom from cruel and unusual punishment, etc. List only one violation.)

Supporting Facts: (Briefly describe facts you consider important to Claim 2. State what happened clearly, in your own words. DO NOT cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Claim 2.)

On Jan 10, 2011 Tami Anding Health Service Administrator
agreed with my grievance and granted it please
see attached

But still the fact remains that when I have
chest pains I should be sent to the hospital
not locked up in the infirmary. Tami Anding
has always interfered with the PA Gross
when I see him for chest pains. Tami Anding
does not comply with the PA's orders or
recommendations. Nor would she ever call
an ambulance and take inmate DAVIS to the
hospital for unexplained chest pain. And
refused to give inmate DAVIS any Nitroglycerin
for chest pain They won't even allow me to have
any Kop Nitroglycerin on inmate DAVIS's person.
#SA Tami Anding told Davis don't die on my shift
because theres to much paper work to do.

Claim 3: On or about 2/10/11, my civil right to Medical Care
(Date) (Right to medical care, access to courts, due process,

freedom of religion, free speech, freedom of association, freedom from cruel and unusual punishment, etc. List **only one** violation.)

Supporting Facts: (Briefly describe **facts** you consider important to Claim 3. State what happened clearly, **in your own words**. DO NOT cite legal authority or argument. Be certain to describe exactly what each defendant, **by name**, did to violate the right alleged in Claim 3.)

Warden Williams has the responsibility for the welfare and best interest to the inmates and his staff, but when an inmate is complaining of chest pains or is having a heart attack and your medical staff refuse's to send the inmate to the hospital then the warden is violating the U.S. Const amend VIII and Warden Williams knew that inmate Davis had unexplained chest pains, it would have been more than mere "Malpractice or "negligence" to fail to call an ambulance, or send inmate Davis to the hospital for unexplained chest pain. And refused to give inmate Davis any Nitroglycerin for his chest pains.
This is clearly a deliberate indifference on the medical depts staff when prison officials prevent an inmate from receiving treatment or deny him access to medical personnel capable of evaluating the need of treatment. Delay in medical care only constitutes an Eighth Amendment violation where the plaintiff can show that the delay resulted in substantial harm.

D. Previous Lawsuits

1. Have you begun other lawsuits in **state or federal court** dealing with the **same facts** involved in this action, **or otherwise relating to your imprisonment**? _____ Yes ☒ No

2. If your answer is "Yes," describe each lawsuit.

a. Lawsuit 1:

Plaintiff(s): _____

Defendant(s): _____

Name and location of court: _____

Docket number: _____ Name of judge: _____

Approximate date case was filed: _____ Date of final decision: _____

Disposition: _____ Dismissed _____ Appealed _____ Still pending

Issues Raised: _____

b. Lawsuit 2:

Plaintiff(s): _____

Defendant(s): _____

Name and location of court: _____

Docket number: _____ Name of judge: _____

Approximate date case was filed: _____ Date of final decision: _____

Disposition: _____ Dismissed _____ Appealed _____ Still pending

Issues Raised: _____

3. Have you filed an action in federal court that was dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted?

_____ Yes ☒ No If your answer is "Yes," describe each lawsuit.

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

a. Defendant(s): _____

b. Name of federal court _____ Case number: _____

c. The case was dismissed as: _____ frivolous, _____ malicious and/or _____ failed to state a claim

d. Issue(s) raised: _____

e. Approximate date case was filed: _____ Date of final decision: _____

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:

a. Defendant(s): _____

b. Name of federal court _____ Case number: _____

c. The case was dismissed as: _____ frivolous, _____ malicious and/or _____ failed to state a claim

d. Issue(s) raised: _____

e. Approximate date case was filed: _____ Date of final decision: _____

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

a. Defendant(s): _____

b. Name of federal court _____ Case number: _____

c. The case was dismissed as: _____ frivolous, _____ malicious and/or _____ failed to state a claim

d. Issue(s) raised: _____

e. Approximate date case was filed: _____ Date of final decision: _____

4. Are you in imminent danger of serious physical injury? ☒ Yes ☐ No

If your answer is "Yes," please describe how you are in danger, without legal argument/authority:

Because in my cell there is no call button so when I have chest pains it takes the CO's 3 1/2 hrs before I am seen and the CO's refuse to send me to medical I could be dead if not seen by medical in a reasonable amount of time by medical

E. Exhaustion of Administrative Remedies

*****REMINDER*****

**You must exhaust your administrative remedies before your claim can go forward.
THE COURT MAY DISMISS ANY UNEXHAUSTED CLAIMS.**

1. Present place of confinement: *Hudson Corr Facility Medical Dept*

2. Is there a grievance procedure at this institution? ☒ Yes ☐ No

3. If yes, did you present the facts in your complaint for review through the grievance procedure?

☒ Yes ☐ No

a. If your answer is "No," explain why not: _____

b. If your answer is "Yes," what steps did you take? Please see attached
Grievance Part two which was granted

c. Is the grievance procedure complete? ☒ Yes ☐ No

If your answer is "Yes," ATTACH A COPY OF THE FINAL GRIEVANCE
RESOLUTION for any grievance concerning facts relating to this case.

F. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. Damages in the amount of \$ 750,000
2. Punitive damages in the amount of \$ 2.5 Million
3. An order requiring defendant(s) to send the plaintiff to the
hospital whenever he has chest pains and
don't lock him up in the infirmary
4. A declaration that _____
5. Other: And any other such relief the Court
sees fit to order

Plaintiff demands a trial by jury. ☒ Yes ☐ No

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that s/he is the plaintiff in the above action, that s/he has read the above civil rights complaint and that the information contained in the complaint is true and correct.

Executed at Hudson Corr Facility on 2/14/11
(Location) (Date)

Ben Davis
(Plaintiff's Signature)

Ben Davis 2/14/11
Original Signature of Attorney (if any) (Date)

Hudson Corr Facility
3001 W. Juniper Street
Hudson, Co 80642
Attorney's Address and Telephone Number